

**FORM**  
**5A**  
Rev  
09/20

**State of Colorado**  
**Oil and Gas Conservation Commission**  
1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number:  
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Date Received:

### COMPLETED INTERVAL REPORT

The completed interval Report, Form 5A, shall be submitted within thirty (30) days of completing a formation (successful or not), when a formation is temporarily abandoned or permanently abandoned, for a recompletion, reperforation or restimulation, or when a formation is commingled. Fill out a section for each formation. Attach as many pages as required to fully describe the work. List in order of completion.

1. OGCC Operator Number: 47120  
2. Name of Operator: KERR MCGEE OIL & GAS ONSHORE LP  
3. Address: P O BOX 173779  
City: DENVER State: CO Zip: 80217-  
4. Contact Name: Callie Fiddes  
Phone: (720) 929-4361  
Fax: \_\_\_\_\_  
Email: Callie\_Fiddes@Oxy.com

5. API Number 05-123-50817-00  
6. County: WELD  
7. Well Name: CUMMINGS  
Well Number: 19-5HZ  
8. Location: QtrQtr: NWNW Section: 19 Township: 5N Range: 67W Meridian: 6  
9. Field Name: WATTENBERG Field Code: 90750

## Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: HYDRAULIC FRACTURING

Treatment Date: 03/21/2021 End Date: 03/30/2021 Date this Formation was Completed: 05/07/2021

Perforations Top: 7568 Bottom: 17401 No. Holes: 1077 Hole size: 0.39 Open Hole:

Describe the Formation Treatment, including the following: type of fluid used (gel, slickwater, etc.), type and concentration of acid used (HCl, HF, etc.), types and amounts of proppant(s) used, depth details of multiple zones, and method used to determine flowback volume.

This formation is commingled with another formation:  Yes  No

Total fluid used in treatment (bbl): \_\_\_\_\_ Max pressure during treatment (psi): \_\_\_\_\_

Total gas used in treatment (mcf): \_\_\_\_\_ Fluid density at initial fracture (lbs/gal): \_\_\_\_\_

Type of gas used in treatment: \_\_\_\_\_ Min frac gradient (psi/ft): \_\_\_\_\_

Total acid used in treatment (bbl): \_\_\_\_\_ Number of staged intervals: \_\_\_\_\_

Recycled or Reused Fluids used in treatment (bbl): \_\_\_\_\_ Flowback volume recovered (bbl): 4244

Fresh water used in treatment (bbl): \_\_\_\_\_ Disposition method for flowback: \_\_\_\_\_

Total proppant used (lbs): \_\_\_\_\_

**Fracture stimulations must be reported on FracFocus.org**

### Test Information:

06/06/2021 Hours: 24 Bbl oil: 372 Mcf Gas: 268 Bbl H2O: 156  
Date Calculated 24 hour rate: Bbl oil: 372 Mcf Gas: 268 Bbl H2O: 156 GOR: 720  
Test Method: Flowing Casing PSI: 1800 Tubing PSI: 1600 Choke Size: 14/64  
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1390 API Gravity Oil: 48  
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7034 Tbg setting date: 05/28/2021 Packer Depth: \_\_\_\_\_

Reason for Non-Production:

Date formation Abandoned: \_\_\_\_\_ Squeeze:  Yes  No If yes, number of sacks cmt \_\_\_\_\_

\*\* Bridge Plug Depth: \_\_\_\_\_ \*\* Sacks cement on top: \_\_\_\_\_ \*\* Wireline and Cement Job Summary must be attached.

Comment:

This form 5A is being submitted with a date of first production, test data and flowback volume since the well has now been turned on to production and tubing has been set.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: \_\_\_\_\_ Print Name: Callie Fiddes

Title: Regulatory Analyst Date: \_\_\_\_\_ Email: Callie\_Fiddes@Oxy.com

## Attachment List

| Att Doc Num | Name |
|-------------|------|
|             |      |

Total Attach: 0 Files

**General Comments**

**User Group**

**Comment**

**Comment Date**

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|  |  | Stamp Upon Approval |
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Total: 0 comment(s)